



# All Seniors Care SENIORS GAMES 2024

February 5<sup>th</sup> to 9<sup>th</sup>

## Athlete Registration Form



P.O.A. (please check box if applicable)

**Athlete's Name, Age & Residence Location:**

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**Name & Age:**

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**T-Shirt Size:**

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**Hometown:**

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**Words of Wisdom & Tips for Keeping Active:**

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"I hereby consent to having my picture taken (photograph or video) for the purpose of advertising/ promoting All Seniors Care Living Centres in Canada. I further grant permission to use my image (picture/video) in a variety of advertising media at any time."

**Name (print):**

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**Address:**

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**Signature:**

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**Date:**

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**ALL SENIORS CARE**  
LIVING CENTRES™